

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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CITY OF MAYWOOD

NAME OF FILER (LAST) MARTIN (FIRST) THOMAS (MIDDLE) R.

1. Office, Agency, or Court

Agency Name MAYWOOD CITY COUNCIL
Division, Board, Department, District, if applicable COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of MAYWOOD ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____ through December 31, 2010.
☐ Assuming Office: Date _____
☐ Leaving Office: Date Left _____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is _____ through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that t

Date Signed

2-24-2011
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

THOMAS MARTIN

► STREET ADDRESS OR PRECISE LOCATION

4930 E. 60TH Street
CITY Hayward, CA. 90270.

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10

ACQUIRED

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>THOMAS MARTIN</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
POSE'S DENTAL Temp Agency

ADDRESS (Business Address Acceptable)
4930 E. 60TH ST. MAYWOOD

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dentist Temp

YOUR BUSINESS POSITION
REFERRAL AGENT

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE TERM (Months/Years)
_____ % ☐ None _____

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____
Street address
City
☐ Guarantor _____
☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>THOMAS MARTIN</u>

NAME OF SOURCE <u>WASTE MANAGEMENT</u>		
ADDRESS (Business Address Acceptable) <u>13940 E. LURE OAK, BALDWIN PARK 91716 CA</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>THAS H Co</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/5/10</u>	<u>\$250.00</u>	<u>WINE TOUR</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>CHARLES CO.</u>		
ADDRESS (Business Address Acceptable) <u>9034 W Sunset Blvd, West Hollywood CA 90069</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Deve by Rent</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/24/10</u>	<u>\$80.00</u>	<u>DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>TOWNSEND PUBLIC AFFAIRS</u>		
ADDRESS (Business Address Acceptable) <u>1121 L Street, SACRAMENTO 95814 CA</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>OUTReach Co.</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/14/10</u>	<u>\$200.00</u>	<u>DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>PARAMOUNT PRODUCTIONS</u>		
ADDRESS (Business Address Acceptable) <u>15323 GARFIELD AVE. PARAMOUNT CA 90723</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Sign game Co. Award</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/3/10</u>	<u>\$60.00</u>	<u>Ride Tickets</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>HAPPET FLEMING</u>		
ADDRESS (Business Address Acceptable) <u>1 Technology Dr. IRVINE 92618 CA</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>T.O.D. Co.</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/24/10</u>	<u>\$147.40</u>	<u>ENTERTAINMENT SHOW TICKETS</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>B B K</u>		
ADDRESS (Business Address Acceptable) <u>5 PARK PLAZA, IRVINE, 92614 CA</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>ATTORNEY</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/16/10</u>	<u>\$260.00</u>	<u>DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name THOMAS MARTIN

NAME OF SOURCE
ICA

ADDRESS (Business Address Acceptable)
P.O. BOX 1750, PALMDALE, CA 93590

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY ADVOCACY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12.8.10</u>	<u>\$150.00</u>	<u>Dinner</u>
	\$	
	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____